EPISTEMIC PLURALISM

AND THE WINE-HEALTH DEBATE

—

An Orientation to

The Right Wine
Cool Climate, Ancient Roots
The Case for Quality and Health

Trade Veteran

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This document does not claim that public health authorities are acting in bad faith. It does not claim that epidemiology is wrong. It does not claim that cool-climate dry wine is medicine. It claims only that the wine-health debate is conducted simultaneously in three distinct epistemic registers — policy precaution, epidemiological science, and historical-biocultural continuity — whose governing logics, standards of proof, and authorizing assumptions are rarely made explicit. When they conflict, the conflict is typically misread as a dispute about facts. It is more often a dispute about which kind of knowledge is being asked to do work it was not designed to do.

The Right Wine operates in the third register. This introduction maps all three.

I. Three Registers, Three Governing Logics

The Policy-Precaution Register — exemplified by the U.S. Surgeon General's 2025 advisory on alcohol and cancer — is authorized by a risk-minimization mandate. Its standard of proof is cumulative plausibility under worst-case assumptions. Its instrument is the population-level warning, designed to reduce aggregate exposure to a classified hazard. It treats product heterogeneity as irrelevant when the asserted mechanism — ethanol metabolized to acetaldehyde — is universal across beverage types. Its silences on confounding variables are not oversights; they are features of a communication instrument optimized for clarity rather than nuance. A causal claim in this register is normative and preventive. Its authority is political-administrative, not epistemically exhaustive.

The register carries a necessary internal limit. Precaution is optimized for action under uncertainty, not for adjudicating the full nature of the object it governs. When provisional judgments are treated as exhaustive descriptions of reality — when the

scope of a warning is mistaken for the scope of the evidence — precaution becomes doctrinal. It remains legitimate only insofar as it is transparent about its limits and open to refinement by the registers it does not subsume**.**

The Epidemiological-Scientific Register — exemplified by the 2026 ACC.26 study of 340,000 UK Biobank participants — is authorized by statistical transparency under controlled assumptions. Its standard of proof is explicit acknowledgment of uncertainty, confounding pathways, and generalizability constraints. It earns credibility precisely by refusing premature causality even when signals are strong. The ACC.26 finding — that moderate wine drinkers showed 21% lower cardiovascular mortality than non-drinkers, while spirits, beer, and cider at equivalent consumption levels were associated with higher mortality — was presented with explicit limitations: observational design, self-reported baseline exposure, cohort selection effects, and lifestyle confounding as a candidate explanation. This register is self-correcting over time. Its structural limit is its dependence on what populations actually consume. When the product category drifts, the evidence accumulated about it drifts with it.

The Historical-Biocultural Register — the register of *The Right Wine* — is authorized by the convergence of history, chemistry, physiology, and lived outcome. Its standard of proof is biological coherence across time: does the practice sustain the organism that maintains it? It does not reject epidemiology. It bounds its relevance by asking whether the object under study still exists in the form that generated the original signal.

The register has precedents that predate modern epidemiology entirely. Thomas Jefferson provides a useful historical reference point — not as a policy authority, but as a witness to category differentiation before industrial convergence. Jefferson's well-documented wine purchases and consumption centered overwhelmingly on wines from the traditional winegrowing areas of France and the northern Apennine Peninsula (Piedmont was the “Subalpine Republic” of France from 1802 to 1814) — regions defined by cooler climates, higher natural acidity, and wines produced as meal-integrated foods rather than as concentrated intoxicants. He was not issuing formal medical guidance. But he was reasoning from lived experience about the biological distinction between wine types — arguing, as the letters make clear, that the product mattered as much as the quantity, and that his own body over seven decades constituted the evidence. His relevance lies not in prescription but in

continuity: the wines Jefferson drank correspond closely to the same Euro-centric wine styles that dominate consumption in contemporary datasets such as the UK Biobank. When epidemiological studies report outcomes associated with "wine," they are often — by market structure and consumption reality — already weighted toward precisely the cool-climate, drier, lower-alcohol traditions that predate the late twentieth-century transformation of wine into a globalized, technologized commodity. History does not compete with epidemiology here. It contextualizes its exposure variable.

Jefferson's most explicit statement on the subject — written to Jean Guillaume Hyde de Neuville in December 1818 — goes further than cultural observation. "No nation is drunken where wine is cheap; and none sober, where the dearness of wine substitutes ardent spirits as the common beverage." The mechanism he identified was economic and cultural: accessibility shapes consumption, and consumption shapes a society's relationship to alcohol. The 100-point scoring system of the late twentieth century operated by an analogous but more complex logic. The great trophy wines — produced through extreme viticulture, low yields, and late harvesting pushed toward maximum concentration — established a sensory template the scoring system learned to reward. The template proved legible to technology. In warmer climates, commercial intervention could approximate the profile that extreme viticulture had achieved in exceptional sites, at volume and at every price point. The critics, rewarding a sensory profile rather than a place, could not reliably distinguish original from imitation. What resulted was a barbell: trophy wines at one end, industrial approximations at the other, and the ancestral cool-climate product squeezed from the middle — present, often representing genuine value. Jefferson's antidote was not made expensive. It was made harder to find.

Jefferson's own letters confirm that his preference was not merely cultural but sensory and biological. Writing to Thomas Appleton in January 1816, he described Montepulciano as "a very favorite wine," noting that "habit having rendered the light and high flavored wines a necessary of life with me." The phrase is precise: light and high flavored — low in alcohol, high in natural acidity, aromatic through complexity rather than concentration. It is the biochemical profile of cool-climate viticulture described by a man who consumed it daily. The irony of the 100-point scale is that it systematically rewarded the opposite: heavy, extracted, aromatic only in the register of overripeness.

Three years later, writing to Vine Utley in March 1819, Jefferson described his consumption habits with still greater precision: "I double, however, the doctor's glass and a half of wine, and even treble it with a friend; but halve its effect by drinking the weak wines only. The ardent wines I cannot drink, nor do I use ardent spirits in any form." He was not drinking less than his physician recommended. He was drinking differently — and understood that the biological effect was a function of the product, not merely the quantity. The "weak wines" — lower in alcohol, higher in acid, what the current essay calls cool-climate dry — allowed him to consume more while experiencing less intoxication. He concluded: "I have been blest with organs of digestion which accept and concoct, without ever murmuring whatever the palate chuses to consign to them, and I have not yet lost a tooth by age." Written at seventy-five, this is the biographical method stated two centuries early. The body kept its own physiological record.

II. The Category Drift Problem

The central methodological contribution of *The Right Wine* is not a critique of epidemiological method. It is the identification of a prior problem: the object under study changed faster than the evidence accumulated about it.

The shift in global wine production after 1991 was documented in real time by the trade. The 100-point scoring system created demand for a specific style; technology provided the means to supply it. In warm climates that had previously produced only bulk product, refrigeration, acidification, reverse osmosis, and targeted yeast selection allowed producers to transform natural overripeness into structured, scorable wine. The result was the globalization of a product optimized for critic approval rather than meal integration — and the gradual transformation of "wine" as a market category from a fermented food into a recreational intoxicant competing with spirits for consumer attention. This transformation was most pronounced in the United States and in New World producing regions, where the market incentives to conform to critic preferences were strongest and the ancestral constraints of variety and terroir were weakest.

The UK Biobank cohort, by contrast, drew its consumption from a retail supply chain that remained more Euro-centric than the US market — weighted toward European appellations with lower alcohol, lower residual sugar, and higher natural acidity than

the global average. The significant presence of Australian wines in the UK market qualifies but does not eliminate this directional bias. The result is that the ACC.26 finding — a 21% cardiovascular mortality advantage for moderate wine drinkers versus non-drinkers — was generated by a cohort consuming wine closer to the ancestral standard than consumers in most other developed markets, and thus showed a positive cardiovascular outcome. That the finding aggregates ancestral and New World styles within a single "wine" variable suggests that a cohort consuming exclusively cool-climate dry wine might show a stronger signal still. The 21% figure is, on this reading, a floor rather than a ceiling.

In epidemiological terms, this is exposure misclassification at the category level — but misclassification that operates differently across markets. When the "wine" variable aggregates ancestral cool-climate dry wine consumed with food and technologically produced high-alcohol off-dry wine consumed without it, the resulting association is an average across heterogeneous exposures. No amount of lifestyle adjustment resolves this, because the confounding is in the product definition itself, not in the cohort characteristics. In the US market, where the post-boom product dominates, the same methodology applied to the same category would likely produce a less favorable or unfavorable result. The UK Biobank's Euro-centric weighting is not a limitation of the Chen study. It is, inadvertently, its most important feature.

The policy register compounds the problem by asserting beverage-type invariance — "regardless of the type of alcohol consumed" — at precisely the moment the epidemiological register is finding that beverage type matters significantly at low and moderate consumption levels. The ACC.26 finding that wine and spirits produce opposite mortality outcomes at equivalent consumption levels directly contradicts the invariance claim. That contradiction has not been addressed in either register.

III. The Living Counterexample

The right wine tradition — cool-climate viticulture, indigenous varieties, minimal intervention, meal integration, the consumption pattern documented across the French Paradox literature and the Mediterranean dietary studies — did not disappear when the market shifted. It contracted. It became the province of producers, importers, and consumers with the knowledge and access to maintain it against the commercial current.

In epidemiological terms, this tradition constitutes the closest available approximation to a controlled study of the ancestral product. Its practitioners are not a cohort anyone has measured. They are a living counterexample to the category-level conclusions being drawn from data that does not distinguish them from the mass market they declined to follow.

That no large cohort study has isolated this tradition as an exposure variable is not a gap in the evidence. It is a consequence of the same market displacement described above. The product capable of testing the hypothesis has become too scarce, too access-dependent, and too unevenly distributed across retail supply chains to appear in population-level data at measurable concentration. The absence of corroboration does not count against the argument. It is part of the argument.

The Right Wine is, among other things, a fifty-year longitudinal record of one such practitioner. Its biographical evidence is not scalable. It is not peer-reviewed. It does not meet the evidentiary standards of either the policy or the epidemiological register. What it offers instead is what those registers structurally cannot provide: a first-person account of biological coherence maintained across a specific practice, over a specific duration, with a specific product. The body kept its own physiological record. The archive keeps its timestamp.

Epistemic pluralism does not resolve the conflict between these registers by declaring a winner. It resolves it by making explicit what each register can and cannot see — and by insisting that the object none of them has yet adequately measured continues to exist.

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